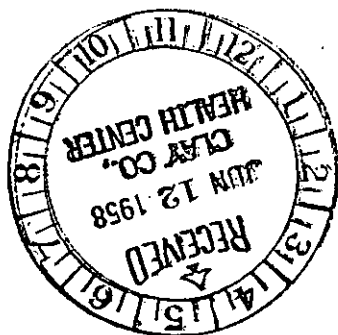


THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021251  
Stat. File No.

FILED JUN 16 1958

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>52</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY OR TOWN <u>Excelsior Springs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs, Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>132 Richmond St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cecil</u> b. (Middle) <u>R.</u> c. (Last) <u>Waring</u>			4. DATE OF DEATH (Month) <u>May</u> (Day) <u>28</u> (Year) <u>1958</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 29, 1888</u>	
9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>29</u>		11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Masseur</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXX</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carrollton, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albert M. Waring</u>		13b. MOTHER'S MAIDEN NAME <u>Mary B. Nunnally</u>		14. NAME OF HUSBAND OR WIFE <u>Frances Cravens Waring, Dec</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>491-01-9307</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Geo. Waring, 7621 Rainbow, K.C. Kan.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Pernicious anemia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-4</u> , 19 <u>55</u> , to <u>5-28</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>28 May</u> , 19 <u>58</u> , and that death occurred at <u>12:12</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George E. Sanders MD</u>				23b. ADDRESS <u>Excelsior Springs, Mo. 64158</u>		23c. DATE SIGNED <u>6-1-58</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 31, 1958</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>Crown Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, MO.</u>	
DATE REC'D BY LOCAL REG. <u>6/3/58</u>		REGISTRAR'S SIGNATURE <u>Barclay Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u>		ADDRESS <u>Ex. Spgs.</u>	



### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Chas. Virgil Hope*  
Licensed Embalmer No. *3950*

P. O. Address *Exelior, Ky*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.